STATE OF CAL	IFORNIA EXPENSE	CLAIM Tra	ivelerID i	See n	titudion:	s and *Pri	acy State	ement on R	lever	se Side	Bh	< Trip?		○ No	
STD. 262 (REV	2	210			STAFF					age	of	Pages			
CLAIMANT'S NAME Fiscal Yea Karen Baker 2008-20				2008TEC	C1686		SSN OR EMPLOYEE NUMBER*				DEPA OP	RTMENT R			
POSITION Executive Director				CB/II	O NO.:		California Volunteers						PCA#	otes	
RESIDENCE ADDRESS*						HEADOLIARTERS ADDRESS 1110 K Street Suite 210							TELEPHOI 916-32	NE NUMBER 3-7646	
CITY STATE ZIP CO					ZIP CODE	CITY						STATE	<u>L</u>	ZIP CODE	
Sacramento C.			٩	95864			Sacramento			CA			958	14	
(1) MONTH/YEAR (3)		(4)	(5)	MEALS	1			TRA	RANSPORTATION B) (C) (D)			(8)	(9)		
Apr 2009	WHERE EXPENSES			BREAK-		O.T.,L/T, N/C, RELO.	INCIDENT-	COST OF	TYPE	CARFARE,	PRIVAT	E CAR USE	BUSINESS	TOTAL EXPENSES	
DATE TIME			LODGING	BREAK- FAST	LUNCH	OR DINNER	TALS	TRANS.	USEC	PARKING	MILES		EXPENSE	FOR DAY	
4/28 0530	Berkeley/S	San Francisco	\$155.57	\$6.00		\$18.00		\$37.ÒÒ		\$43.46		\$0.00		\$260.03	
4/29	San Franc	isco/Sac										\$0.00		\$0.00	
· 		<u> </u>										\$0.00		\$0.00	
								1	<u> </u>			\$0.00	-	\$0.00	
								1				\$0.00		\$0.00	
						I R	<u> </u>	WE	5]		\$0.00		\$0.00	
					D	(E	<u> [5]</u>	V G				\$0.00		\$0.00	
						∭ MA	Y 2 7	2009				\$0.00		\$0.00	
						EFICE OF	PAMMING	2. RESEAR(н			\$0.00		\$0.00	
 .								SERVICES				\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0	
(10)	TOTALS		\$155.57	\$6.00		\$18.00		\$37.00		\$43.46		0		\$260.03	
		(ACCTG USE ON	<u>Υ</u>												
										CLAIM	TOTAL	- \$	\$	260.03	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NIORMAL WIORK HOLIRS					
		and Thrive Cor									(13)	PRIVATE VE	HICLE LICEN	ISE NUMBER	
4/29: Attended Regional Summit on Strengthening Disaster Resilience of Vulnerable Communities PCA 21101											(14) MILEAGE RATE CLAIMED				
Communi	Jes1 OA 21	101									(14)	WILLEAGE	ATE CLAIME		
											AGE	AGENCY ACCOUNTING OFFICE			
											PAID BY REVOLVING FUND CHECK NUMBER				
											\$0.55				
THEREBY CERTI privately owned ve claimed, and that	FY That the above is chicle was used, and i I have met the require	a true statement of the tra f mileage rates exceed the ments as prescribed by S	avel expenses le minimum ra SAM Sections	incurred by nate, I certify the 0750, 0751, 0	ne in accorda at the cost of 1752, 0753, a	nce with DPA operating the nd 0754 perta	rules in the s vehicle was e ining to vehic	ervice of the St equal to or great le safety and se	ate of ter than	California. I the rate usage.	f a				
(15) CLAMANT'S				DATE	16/00	7 (16) S/C	MATURE OF	F OFFICER AP	PROVI		L AND P	AYMENT	DATE /	[· 09	
(17) SPECIAL EXI	PENSE AUTHORIZAT	TION - SIGNATURE and	TITLE (See It	em 17 on reve	erse)	//\		<u>~ 1,7.</u>	<u> </u>	1			DATE	/	